

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

May 17, 1994

BOURN & KOCH MACHINE TOOL CO ATTN RONALD WALKER 2500 KISHWAUKEE ROCKFORD IL 61108

RECEIVED WMD RECORD CENTER

MAY 20 1994

RE:	US EPA ID Number	ILD 005 163	027	
	Location:	2500 KISHWAU	KEE	
		ROCKFORD II	61108	
In r	esponse to your corres	pondence ofAF	RIL 7, 1994	, the following
info	rmation has been updat	ed:	2	
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GENEF	ALLATION CONTACT TO RATOR STATUS CHANGE FION OF WASTE CODE		WALKER CONALLY EXEMPT	

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon

RCRA Notifications Coordinator

Waste Management Division

cc: State Agency

File

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N.			

Flease rater to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

APR 0 7 1994

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EPA Form 8700-12 (Rev. 9-92) Previous edition is obsolete.

La Articological States and Articological Stat	ID - For Official Use Only
VIII. Type of Regulated Weate Activity (Mark 'X' in the appropriate b	
A. Hazardous Waste Activity	.B. Used Oll Fuel Activities
1. Generator (See Instructions) a. Greeter Tran 1000kg/mo (220 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 7. Transporter (Indicate Mode in boxes 1-5 below) a. For own wests only b. For commercial purposes Mode of Transportation 1. Smelter I	1. Dif-Specification Used Oil Fuel a. Generator Marketing to Burner ating to Burner Deferred 1. Utility Boller 1. Utility Boller 1. Utility Examption 3. Industrial Furnace
2. Rail Device(s) 3. Highway 4.*Water 2. Industrial 5. Other - specify 5. Underground injection	ller 2. Specification Used Oil Fuel Marks (or On-alts Burner) Who First Claims the Oil Meets the Specification
IX. Description of Regulated Wastes (Use additional sheets if neces	sary
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes columns your installation handles. (See 40 CFR Parts 261.20 - 261.24)	rresponding to the characteristics of nonlisted hazardous
	Dua weste number(s) for the Todolly d'aracteristic contembranc(s)
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if your second s	4 5 6 10 11 12 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. nur	mber, See instructions.)
2 3	4 5 6
Carification	
I certify under penalty of law that this document and all attachments accordance with a system designed to assure that qualified persesubmitted. Based on my inquiry of the person or persons who manage gathering the information, the information submitted is, to the becomplete. I am aware that there are significant penalties for submitting imprisonment for knowing violations.	onnel properly gather and evaluate the information the system, or those persons directly responsible for st of my knowledge and belief, true, accurate, and g false information, including the possibility of fine and
ignature Name and Official Title (type	or print), Date Signed
1. Comments	ul Mgr 3/22/94

	PHONE CALL DISCUSS FIELD TRIP CONFERENCE
RECORD OF COMMUNICATION	OTHER (SPECIFY)
	(Record of item checked above)
Dene Wartgow	BOURN & KOCH MACHINE TIME TOOL CO.
SUBJECT IL DOOS 16302,7 is located	
Bourn and Koch Mache	
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CONCLUSIONS ACTION TAKEN OF TRAINING	and the Rocal and the
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F001, F005, D008 a	nd UZZG.
ACTION TAKEN: - ALL THE , - ACKNOWLEDGEMENT MAIL	ABOVE. EB 3/28/86
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TO: Pita Maria	o State 3/28/86

CONTINUE ON REVERSE

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E. HAZARDOUS WASTES	EROM SPECIFIC ROL	WCER Force the form	<u> </u>	11 11	23 44	
B. HAZARDOUS WASTES specific industrial source	e your installation hand	iss. Use additional shee	talf necessary.	FIN PARE 201.42 for each	listed paxaldons Masse 10	αm
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K. CERTIFICATION I certify under penalty	of law that I have	personally examined	and an Graller with	in the deformation of the second		
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EPA Form 8700-12 (6-85) REVERSE

PERFORM THE RESIDENCE OF THE OWNERS AND

Form Approved OMB No. 158-S79016

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LIV BEGG				Ŵ	T/A
IX. DESCRIPTION OF	HAZARDOUS WAS	TES (continued from	front)	5 2	13 14
A. HAZARDOUS WASTES waste from non-specific	EDOM NON COMMIN			n 40 CFR Part 261.31	for each listed hazardous
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B. HAZARDOUS WASTES	FROM SPECIFIC SOLU	23 26 BCES E-10-14-5	23 26	23 - 26	23 26
B. HAZARDOUS WASTES specific industrial sources	your installation handle	es. Use additional sheet	ligit number from 40 CF if necessary.	R Part 261.32 for eac	h listed hazardous waste from
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1. IGNITABL		2. CORROSIVE	3. REACT		
. CERTIFICATION	(D00	2)	(D003)		
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certify under penalty of ttached documents, and believe that the submits	f law that I have pe	ersonally examined a	nd am familiar with i	the information cul	mitted in this 2 th
stached documents, and believe that the submitt nitting false information,	ed information is tri	iquiry of those indiv ue, accurate, and cor	iduals immediately re	sponsible for obta	ning the information.
	including the possibi	lity of fine and impri	sonment.	uu tnere are signifi	cant penalties for sub-
SNATURE		NAME & OFFIC	IAL TITLE (type or pri	it)	DATE SIGNED
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A Form 8700-12 (6-80) RE	NEDSE	Robert R.	Anderson - Pla	nt Manager	3-20-81
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11-18-80

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DESCRIPTION OF H	IAZARDOUS WAST	ES (continued from	front)	112		14 15
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8 10 B, HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from specific industrial sources your installation handles. Use additional sheets if necessary. 10 20 21 22 27 28 25 26 C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit r stance your installation handles which may be a hazardous waste. Use additional sheets if 34 3.8 20 40 43 44 45 46 D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 hospitals, medical and research laboratories your installation handles. Use additional shee E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the box hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.) XI. IGNITABLE 2. CORROSIVE 3 (D003 X. CERTIFICATION I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. NAME & OFFICIAL TITLE (type or print) DATE SIGNED SIGNATURE

EPA Form 8700-12 (6-80) REVERSE